The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2019

Agency Name:			
Great Barrington			
Name of Chief, Commissioner, or Agency Head:		Name of Individual Completing Report:	
William R. Walsh		Timothy R. Ullrich	
Contact Telephone:	Ext.	Contact Email:	Date Submitted: *mm/dd/yyyy*
(413) 528-0306	3	tullrich@townofgb.org	01/27/2020

Semi-Annual Reporting Period	Time Period	Report Due Date
○ 1st	January 1, 2019 – June 30, 2019	July 31, 2019
◉ 2nd	July 1, 2019 – December 31, 2019	January 31, 2020

Important!

- **Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.**
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to electroniccontrolweapons@mass.gov
- Contact Kelly Goggin by email with any questions or concerns via electroniccontrolweapons@mass.gov

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period? *Include all part-time, full-time, reserve and other officers employed by your department.* — 21
2. How many sworn officers have completed the approved training program for ECWs to date? *Include all part-time, full-time, reserve and other officers employed by your department.* — 21
3. How many ECWs does your department own? — 6
4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period? *Include all part-time, full-time, reserve and other officers employed by your department.* — 21
5. How many ECW involved *incidents* occurred during this reporting period? — 1

- See next page for definition of an *ECW incident*.
- **If no incidents occurred, report a value of zero (0) leave remaining questions blank. Submit entire form.**

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

  Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

  1) Any direct wording to a subject indicating or implying that an ECW will be used:

  Example: Displaying ECW and shouting, "Stop!"

  2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

  Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- Probe Deployment – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- Stun Deployment – the drive stun function of the ECW is utilized.

Line number	1 **Incident Number**	2 **Weapon Serial Number**	3 **Weapon Color**	4 **Date of Incident**	5 **Warning**	6 **Verbal/Visual Warning**		7 **Laser Warning**		8 **Spark Warning**	
	List the incident number sequentially (1,2,3). **Do not list in-house incident numbers** *For incidents with more than one officer use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was an ECW warning given at any point during the incident? **Select: Yes or No** *If No, skip to question 10*	a. Was a verbal/ visual warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal/ visual warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	*1*	*XX12345*	*Yellow*	*01/02/2015*	*Yes*	*Yes*	*No*	*No*		*No*	
EX	*1b*	*C23456*	*Black*	*01/02/2015*	*No*						
EX	*2*	*11234DE*	*Yellow*	*02/05/2015*	*Yes*	*No*		*Yes*	*Yes*	*Yes*	*Yes*
01	1	X13002ED9	Yellow	09/13/2019	Yes	Yes	Yes	Yes	Yes	No	
02											
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04											
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11											

Line number	9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** **If the subject did not submit to any ECW warning types, leave blank**	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human STOP	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Male*	*White*	*05/10/1965*
EX		*1*	*3*	*Yes*	*0*		*Male*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*Female*	*American Indian/Alaska Native*	*12/01/1948*
01	Yes	0			0		Male	White	12/11/1968
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Need more pages?
Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

Line number	1 **Incident Number**	2 **Weapon Serial Number**	3 **Weapon Color**	4 **Date of Incident**	5 **Warning**	6 **Verbal/Visual Warning**		7 **Laser Warning**		8 **Spark Warning**	
	List the incident number sequentially (1,2,3). **Do not list in-house incident numbers** *For incidents with more than one officer use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was an ECW warning given at any point during the incident? **Select: Yes or No** *If No, skip to question 10*	a. Was a verbal/ visual warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal/ visual warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
EX	1b	C23456	Black	01/02/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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Line number	9 **Submission**	10 **Probe Deployments**			11 **Stun Deployments**		12 **Subject Sex**	13 **Subject Race**	14 **DOB**
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** **If the subject did not submit to any ECW warning types, leave blank**	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human 	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Male*	*White*	*05/10/1965*
EX		*1*	*3*	*Yes*	*0*		*Male*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*Female*	*American Indian/Alaska Native*	*12/01/1948*
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